

**Northern Cheyenne Veterans, Healing through Traditional Beliefs, Cultural Practices and Social Support.**

*Proposal for NIH funding opportunity number PAR – 10 – 137 Behavioral and Social Science Research on Understanding and Reducing Health Disparities (R21)*

**Description**

**A. Specific Aims**

This project aims to support Northern Cheyenne Veterans struggling with mental health challenges to address disparities by promoting healing of veterans using traditional Cheyenne beliefs and practices of the Northern Cheyenne people that include cultural practices, and a strong social support network.

Working with Veterans and seeing the impact of war, the tribal community seeks to support the men and women who return from war. Many of our young veterans experience traumatic war and war related events in Iraq, Afghanistan, and other places of military conflict. These events impact their ability to function in life, have hope for the future, maintain positive family relationships, and contribute positively to their community. If we do not address these impacts and provide a healing environment, their lives will be short lived. Since 2008, the Research Team have worked together to host grief and healing cultural camps for people living on the Northern Cheyenne Reservation. Through these experiences, they have witnessed the dramatic impact culture and tradition has on healing. While these experiences have demonstrated effectiveness for many community members, the impact on veterans who live and return to the Reservation is widely unknown. Further, because previous activities received small amounts of funding from larger CBPR grants, this research will accomplish dual purposes.

The purpose of this proposal is to identify evidence based therapies (EBTs) and practice based evidence (PBEs) for healing American Indian veterans (mental, emotional, social, physical and spiritual health and wellbeing), which will extend to other parts of the American Indian population. Efforts resulting from this proposal and subsequent framework are entirely from the tribal community. In addressing this application, CBPR Targeting the Medically Underserved, we envision changing the research paradigm, by honoring the cultural knowledge of the applicant Principal Investigator as well as the co-PI. Secondly we draw from both western didactic psychological frameworks and seek to combine these with what we have witnessed in the last three years of offering grief cultural camps to our community.

Thus, our primary research question for this project is: What role does culture and tradition play in healing the traumatic wounds our American Indian veterans have experienced in the many generations of war? A secondary question is: What are the additional strengths and challenges to a community participatory research project when

a community member, based in cultural knowledge and understanding, is the Principal Investigator on a grant typically awarded to academic institutions?

**Specific Aims 1-4:**

- 1) Learn how veterans deal with traumatic events experienced in war.
- 2) Offer traditional/cultural teachings and resources, passed down by our elders to these veterans.
- 3) Evaluate the effectiveness of traditional/cultural teaching effectiveness through the community's participation in evaluation activities.
- 4) Contribute to the body of knowledge on mental health in beginning the holistic mental, physical, social and emotional healing of the spirit, of our tribal veterans.
- 5) Contribute to existing CBPR literature by offering lessons learned from a community Principal Investigator's vantage point.

**B. Background and significance:**

In an effort to work towards accountability and effectiveness, there is a growing body of support for the use of Evidence-Based-Practices (EBPs) to improve the mental health treatment outcomes for American Indians. One of the key recommendations of the President's New Freedom Commission on Mental Health (2003) is for consistent use of EBPs coupled with accelerated research. Additionally, the commission report identifies very clearly the racial and ethnic disparities that exist for people of color in accessing acceptable and appropriate mental health services.

Isaacs and colleagues (2005) discuss how, although the use and expansion of EBPs appears to be a good solution for addressing ethnic disparities in mental health, it is very possible that EBPs may widen the health disparities gap if there is no attention given to cultural and linguistic competence of underserved cultural-based populations. EBPs were derived from the empirically supported treatment movement spearheaded by the American Psychological Association Division 12 Task Force on Promotion and Dissemination of Psychological Procedures (Chambless, 1998). Empirically supported treatments had very narrow definitions for best-practice that were largely based on highly controlled randomized clinical trials. This means that in the highly controlled research environment, clients with restrictive demographics and without co-occurring disorders, experiencing a similar symptom presentation and severity do improve within the criteria identified.

The Northern Cheyenne Reservation (reservation) is located in southeastern Montana. The reservation contains approximately 427,000 acres within its boundaries. Over 97% of this acreage is trust land, either Tribal or allotted, with only 7,828 acres of fee land. Less than one percent of the total acreage is not tribally owned. The Tribal headquarters for the Northern Cheyenne Tribe (Tribe) is located in Lame Deer Montana. Population centers on the reservation include the townships of Lame Deer, Busby, Muddy Cluster and Birney Village. The total population for the reservation is approximately 6,400 people and of these members, approximately 15% are veterans